

EIN

57-1184362

**(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)**

► See separate instructions for each line. ► Keep a copy for your records

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of entity (an individual) for whom the FIN is being requested.

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested <b>The office of the Sovereign Presiding Overseer of Peace Awareness Fellowship and successors, a Corporation Sole</b>		The office of the Sovereign Presiding Overseer of Peace Awareness Fellowship and successors, a Corporation Sole	
2 Trade name of business (if different from name on line 1) <b>This is Not a business. This is a Ministry</b>		3 Executor, administrator, trustee, "care of" name <b>This has no Trustee</b>	
4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>96306 Main Street</b>		5a Street address (if different) (Do not enter a P.O. box.)	
4b City, state, and ZIP code (if foreign, see instructions) <b>Canon City, Colorado</b>		5b City, state, and ZIP code (if foreign, see instructions)	
6 County and state where principal business is located <b>This is not a business. This is a Ministry located at Colorado, Kingdom of Heaven</b>		7a Name of responsible party <b>Office of the Sovereign Presiding Overseer</b>	
7b SSN, ITIN, or EIN <b>NONE</b>		8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <b>THIS IS NOT A BUSINESS</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8b If 8a is "Yes," enter the number of LLC members <b>THIS IS A MINISTRY</b>		8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9a Type of entity (check only one box). <b>Caution.</b> If 8a is "Yes," see the instructions for the correct box to check.			
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Corporation (enter form number to be filed) ► _____ <input type="checkbox"/> Personal service corporation _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) ► _____ <input checked="" type="checkbox"/> Other (specify) ► <b>This is Not an Entity. This is a Ministry</b>		<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises <b>Group Exemption Number (GEN) if any</b> ► _____	
9b If a corporation, name the state or foreign country (if applicable) where incorporated <b>State: Corporate Sole Ministry: Kingdom of Heaven</b>		Foreign country	
10 Reason for applying (check only one box) <input type="checkbox"/> Started new business (specify type) ► <b>This is not a business. This is a Ministry</b> <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Compliance with IRS withholding regulations <input checked="" type="checkbox"/> Other (specify) ► <b>This is NOT a business. This is a Ministry</b> <input checked="" type="checkbox"/> Banking purpose (specify purpose) ► <b>Open Non-Interest Account</b> <input type="checkbox"/> Changed type of organization (specify new type) ► _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ► _____ <input type="checkbox"/> Created a pension plan (specify type) ► _____			
11 Date business started or acquired (month, day, year). See instructions. <b>This is Not a business. This is a Ministry</b>		12 Closing month of accounting year <b>NONE</b>	
13 Highest number of employees expected in the next 12 months (enter 0 if none). If no employees expected, skip line 14. <b>NO Employees</b>			
14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <b>NO Employees</b>			
15 First date wages or annuities were paid (month, day, year). <b>Note.</b> If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) <b>We do Not Pay Wages or Annuity</b>			
16 Check one box that best describes the principal activity of your business. <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Other (specify) ► _____			
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. <b>This is NOT a business. No sale of Product or Service</b>			
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," write previous EIN here ► <b>(Applicant) This is not an Employer</b>			
Complete this section <b>only</b> if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form. <b>Third Party Designee</b> Designee's name <b>The office of the Presiding Sovereign overseer of the Popular Assembly of Peace Awareness Fellowship and his successors, a Corporation Sole</b> Designee's telephone number (include area code) <b>( )</b> Address and ZIP code Designee's fax number (include area code) <b>( )</b> Applicant's telephone number (include area code) <b>( )</b> Applicant's fax number (include area code) <b>( )</b>			
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly) ► <b>[L.S.] SLS</b> , overseen in the year of our Lord Two Thousand and Fifteen Sixteenth day of the tenth month Date ► <b>Lord Two Thousand and Fifteen</b>			